

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PHENANTHROLINE-7-ONE DERIVATIVES AND THEIR THERAPEUTIC APPLICATIONS
Attorney Docket Number::	0512-1004
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: EVELYNE
Middle Name::
Family Name:: DELFOURNE
City of Residence:: POLLESTRES
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 4 IMPASSE DU LIÈGE

City of Mailing Address:: POLLESTRES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 66450

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: FRANCIS
Middle Name::
Family Name:: DARRO
City of Residence:: BRUXELLES
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: AVENUE V. OLIVIER
BÂTIMENT 8A, BOÎTE 60
City of Mailing Address:: BRUXELLES
State or Province of Mailing Address::
Country of Mailing Address:: BELGIUM
Postal or Zip Code of Mailing Address:: 1070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: BASTIDE
City of Residence:: PERPIGNAN
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 20 RUE ANTOINE CARBO

City of Mailing Address:: PERPIGNAN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 66000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: ROBERT
Middle Name::
Family Name:: KISS
City of Residence:: WAUTHIER-BRAINE
State or Province of Residence::
Country of Residence:: BELGIUM
Street of Mailing Address:: 4 COURS AU BOIS

City of Mailing Address:: WAUTHIER-BRAINE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 1440

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE

Status:: Full Capacity
Given Name:: ARMAND
Middle Name::
Family Name:: FRYDMAN
City of Residence:: VERRIERES LE BUISSON
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 10 ALLÉE DES FUSAINS

City of Mailing Address:: VERRIERES LE BUISSON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 91370

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR00/02312	8/11/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	99 10490	8/13/99	Yes
FRANCE	00 06652	5/24/00	Yes

Assignment Information

Assignee Name:: LABORATOIRE L. LAFON
Street of Mailing Address:: 19, AVENUE DU PROFESSEUR CADIOT

City of Mailing Address:: MAISONS ALFORT
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 94701